

**LOBBYING SUPPLEMENTAL REGISTRATION
FORM**

To be used for changes to registrations and terminations.

1280

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808 Phone (225)763-8777 or 1(800)842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark

Date: 10/10/06

L Supp

1. NAME Haddox William Adam
Last First MI

2. BUSINESS PHONE 225-344-0381

3. BUSINESS ADDRESS 521 Laurel Street Baton Rouge LA 70801
Street and No. City State Zip

MAILING ADDRESS Same as above.
Street and No. City State Zip

4. EMPLOYER Harris, Deville & Associates, Inc.

5. EMPLOYER'S ADDRESS 521 Laurel Street Baton Rouge LA 70801
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating;
8. (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Pioneer America

Address 4205 Highway 75, St. Gabriel LA 70776

Business or purpose Industry

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

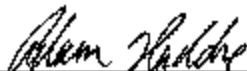
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist